

**State of California**  
**Advanced EMT (AEMT) Skills Competency Verification Form**  
**EMSA-AEMT SCVF (01/07)**



1a. Name as shown on AEMT Certificate	1b. Certificate Number	1c. Signature
1d. Certifying Authority	1e. Date	I certify, under the penalty of perjury, that the information contained on this form is accurate.
<b>Skill</b>	<b>Verification of Competency</b>	
<b>1. Injection (IM or SQ);</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>2. Peripheral IV</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>3. IV Push Medication</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>4. Inhaled Medication</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>5. Blood Glucose Determination</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>6. Perilaryngeal Airway Adjunct</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number